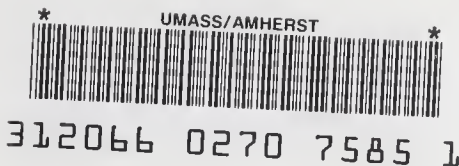


MASS. CD 1.2: G22/3

EXECUTIVE OFFICE OF COMMUNITIES & DEVELOPMENT



Michael S. Dukakis, Governor
Amy S. Anthony, Secretary

GATEWAY CITIES PROGRAM REPORTING REQUIREMENTS

REPORT FORMAT

Each Gateway Cities community is required to submit quarterly reports. These reports consist of General Administrative Expenses, Program Narrative Report (s) (one for each Program activity, including ethnic identities), Financial/Expenditures Report(s) (one for each program category with its activities and overhead expenses).

These reports: including General Administrative Expenses, are due on October 20, 1988, January 20, 1989, April 20, 1989; unless otherwise approved in the Grant Agreement. This is 20 days following the end of the reporting period.

The program activity and financial information should be submitted using EOCD's standard forms (see attached).

The reports should be signed by the authorized signatory of the municipal department managing the Gateway Cities Program.

PROGRAM NARRATIVE REPORT

One narrative report is to be completed for each program activity being undertaken as part of the municipality's approved Spending Plan. This report must be completed and submitted by the quarterly due date.

In addition to the general update information, it is important to include quantifiable data, where appropriate, as well as indications of the program's accomplishments and other measures of program impact. For example, in the case of ESL (English as a Second Language) Education, the report should indicate number of individuals enrolled, waiting list, number completing training, etc.

FINANCIAL/EXPENDITURES REPORTS

The Financial/Expenditure Reports must include a report on general administrative expenses (Up to 15% of total Gateway allocations), and a report on program category and program activity(ies) expenses. The Financial information should be provided in total by program category such as: Public Safety/Legal Rights, Health Services, Housing Services etc; and by activities such as ESL classes, Counseling, Literacy projects etc.

The Final Expenditure Report (s) will request a detailing of all administrative and individual program activity expenditures, broken down by personnel and non-personnel costs, which should agree with the figures provided on the municipality's approved spending plan.

The Final Expenditure Report is due sixty days following completion of the Gateway Cities Program year. The Final Program Report is due thirty days following completion of the Gateway Cities Program year.

SPECIAL REVENUE ACCOUNT

Upon execution of the Grant Agreement and completed payment voucher, EOCD will forward to the municipality its total allocation of funds. Within ten days of its receipt, the municipality will deposit all of the funds in a Special Revenue Account.

DISBURSEMENT SCHEDULE

A Disbursement Schedule is included as part of the Agreement between the municipality and EOCD. It reflects the rate of anticipated administrative and program costs, as agreed upon by the municipality and EOCD. Drawdowns will be made from the Special Revenue Account as described in the Disbursement Schedule included in the contract, on an advance basis.

FIRST DISBURSEMENT

The First Disbursement from the Special Revenue Account is for a minimum of 25 percent of the total allocation and covers the period between the date of the signed Agreement and September 30, 1988. The first drawdown will also include program start-up costs, if any. These include planning, needs assessment, spending plan preparation, and community participation costs, etc., (incurred beginning July 1, 1988). The first payment will be disbursed 30 days after receipt of the final completed spending plan upon execution of the Agreement between EOCD and the municipality.

REMAINING DISBURSEMENTS

Based on the agreed upon Disbursement Schedule, drawdowns will be disbursed as follows: November 1, 1988, February 1, 1989, May 1, 1989. (This follows receipt of Program Narrative and Fiscal Expenditures Reports which are due 12 days prior. (See Section on Report Format). Copies of all executed subcontracts must be received by EOCD prior to request for additional payments.

MODIFICATION TO PAYMENT SCHEDULE

Based on information contained in the expenditures reports, it may be determined that adjustments to the Disbursement Schedule (increases or decreases) are necessary. Increases in the Disbursement Schedule amounts will be made as mutually agreed upon by the municipality and EOCD. Any decreases in the Disbursement schedule amounts will be in accordance with the terms of the Program Agreement with EOCD.

PAYMENT REQUEST

The payment request for the total allocation will be made utilizing the Commonwealth of Massachusetts Payment Voucher (PV form). The PV form must be signed by the authorized signatory of the municipal department responsible for managing the Gateway Cities Program.

Date		Description		Amount	
1890	Jan 1	Balance		100.00	
1890	Jan 15	Received from A. B.		50.00	
1890	Feb 1	Received from C. D.		25.00	
1890	Mar 1	Received from E. F.		75.00	
1890	Apr 1	Received from G. H.		100.00	
1890	May 1	Received from I. J.		150.00	
1890	Jun 1	Received from K. L.		200.00	
1890	Jul 1	Received from M. N.		250.00	
1890	Aug 1	Received from O. P.		300.00	
1890	Sep 1	Received from Q. R.		350.00	
1890	Oct 1	Received from S. T.		400.00	
1890	Nov 1	Received from U. V.		450.00	
1890	Dec 1	Received from W. X.		500.00	
1890	Dec 31	Total		2500.00	

PLEASE NOTE

State Vendor Code Number -- In order to ensure that the State Comptroller's Office processes Gateway Cities payments to your correct municipal account, it is important to identify and communicate to EOCD the appropriate Vendor Code Identification Number. Many cities have several accounts, each identified by a different State Vendor Code Number. The State Vendor Code Number is a 13 digit number (combination 9-digit Federal Identification Number, plus 4 digit assigned by the State Comptroller) which identifies the local account to be credited.



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DEFINITIONS

Financial/Expenditures Report

(Up to 15 percent total Allocation) - Grantee Administrative costs, if any.

Municipality

The name of the city or town awarded the local aid.

Period Beginning and Period Ending

The dates of the quarter period that is being reported.

Sub-Contractors/Vendors

The name of the agency(ies) that is performing the service(s) .

Program Activities

The activity that is being performed in the particular category by the specific vendor.

Program Category

The program categories are as follows: Public Safety/Legal Rights, Housing Service, Public Health Services, Employment Training, Education and Training, Day & Child Care Services, Immigration/Citizenship Education Training, Economic Neighborhood Development, Newcomer Multi-Services, Cultural Awareness, Youth Programs, Outreach/Referral Services, Municipal Access/Interpreters Translation Services, Other. These categories were established in EOCD and should be used in reporting your programs. The category of Other should be used only if the program does not fall within the ones listed from EOCD. A complete explanation should follow when using "Other".

FY89

Financial/Expenditure Report

General Administrative Expenses

(Up to 15% of Total Allocation)

Municipality _____

_____ Quarter

Period Beginning _____

Period Ending _____

Personnel \$ _____

Non Personnel \$ _____

Consultant \$ _____

Total: \$ _____

Date

(signature) Municipal Managing
Department Authorized Signatory

Add additional sheets if needed.

FY'89' Program Activity/Narrative Report

Municipality

Sub-Contractors

Program Category: Public Safety/Legal Rights

Quarter

Period Beginning:

Period Ending:

Program Activity:

Total Spent:

A separate program activity sheet for each activity.
Only use one category per ethnic group.

Major Groups within Gateway Cities:

African	_____
Central/South American	_____
Eastern Europe	_____
Middle East	_____
Western Europe	_____
Other Asian/Pacific Isl.	_____
Other Caribbean Basin	_____
Other	_____

Cambodian _____

Cape Verdean _____

China/Taiwan _____

Haitian _____

Laotian _____

Portuguese _____

Puerto Rican _____

Vietnamese _____

Narrative of program activity and accomplishments.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Date _____

Department Authorized Signature

FY'89' Program Activity/Narrative Report

Municipality

Sub-Contractors

Program Category: Housing Services

Quarter

Period Beginning: _____

Period Ending: _____

Program Activity:

Total Spent: _____

A separate program activity sheet for each activity.
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Major Groups within Gateway Cities:

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Central/South American	
Eastern Europe	
Middle East	
Western Europe	
Other Asian/Pacific Isl.	
Other Caribbean Basin	
Other	

Cambodian	
Cape Verdean	
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Narrative of program activity and accomplishments.

[illegible]

Date _____

Department Authorized Signature

FY'89' Program Activity/Narrative Report

Municipality

Sub-Contractors

Program Category: Housing Services

Quarter _____

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Cambodian _____

Cape Verdean _____

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Laotian _____

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Laotian	_____
Portuguese	_____
Puerto Rican	_____
Vietnamese	_____

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Sub-Contractors

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Western Europe	_____
Other Asian/Pacific Isl.	_____
Other Caribbean Basin	_____
Other	_____

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Cape Verdean _____

China/Taiwan _____

Haitian _____

Laotian _____

Portuguese _____

Puerto Rican _____

Vietnamese _____

Narrative of program activity and accomplishments.

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Date

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Municipality

Sub-Contractors

Program Category: Housing Services

Quarter _____

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[illegible]

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Narrative of program activity and accomplishments.

[illegible]

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Sub-Contractors

Program Category: Housing Services

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Sub-Contractors

Program Category: Housing Services

Quarter

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Haitian	
Laotian	
Portuguese	
Puerto Rican	
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[illegible]

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Sub-Contractors

Program Category: Housing Services

Quarter

Period Beginning:

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Other Asian/Pacific Isl.	_____
Other Caribbean Basin	_____
Other	_____

Cambodian _____

Cape Verdean _____

China/Taiwan _____

Haitian _____

Laotian _____

Portuguese _____

Puerto Rican _____

Vietnamese _____

Narrative of program activity and accomplishments.

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FY'89' Program Activity/Narrative Report

Municipality

Sub-Contractors

Program Category: Housing Services

Quarter _____

Period Beginning: _____

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Haitian	
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Portuguese	
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Narrative of program activity and accomplishments.

[illegible]

Date _____

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FY'89' Program Activity/Narrative Report

Municipality

Sub-Contractors

Program Category: Housing Services

_____ Quarter

Period Beginning:

Period Ending: _____

Program Activity: _____

Total Spent: _____

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Central/South American	
Eastern Europe	
Middle East	
Western Europe	
Other Asian/Pacific Isl.	
Other Caribbean Basin	
Other	

Cambodian	_____
Cape Verdean	_____
China/Taiwan	_____
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Laotian	_____
Portuguese	_____
Puerto Rican	_____
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Sub-Contractors

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Other	

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Haitian _____
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Puerto Rican _____
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Narrative of program activity and accomplishments.

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